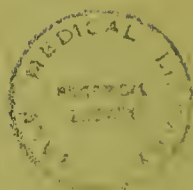


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On some modes of treatment of insanity
as a functional disorder



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ON SOME
MODES OF TREATMENT OF INSANITY
AS A FUNCTIONAL DISORDER.



BY GEORGE H. SAVAGE, M.D., F.R.C.P.

I MEAN only to state that some, not all, cases of insanity are to be thus treated, and I would begin by asserting my belief in the existence of a large number of cases of insanity which rather deserve to be considered as depending on functional disorder than on disease of the brain or nervous system. With Dr. Sutton, I am strongly of opinion that as function makes the organ, so disordered function may destroy the organ. In some cases, for example those of grave hysteria, it has been shown that the suppression of function, such as the complete disuse of the limbs, may give rise to wasting of the muscles, and the stimulus of the muscles by means of massage and galvanism has been shown to suffice to restore speedily not only the function of the muscles, but also the balance of the mind; I shall endeavour in this paper to show that frequently it is not only useful but reasonable to follow similar methods by which to stimulate the mental functions from without rather than from within. It must be understood that I refer only to a certain class of cases, and that I do not pretend to the relief or cure of coarse brain disease by stimulating the functions of the mind.

There are three very distinct groups of persons suffering from unsoundness of mind: (1) those with disease of the brain; (2) those with the brain or nervous system badly nourished in one way or another, with insane symptoms as a result, and, (3) those in whom the mind is unbalanced through some sensory or other disorder. Little good can be effected by the external treatment of the first two groups of patients, but in the third group it is, to my thinking, of the utmost importance that reasonable treatment should be followed early, continuously, and with constant variation.

It will first be necessary to consider that there are two great divisions among the patients to whom I refer. In the first are those who are, as it were, out of gear, such patients as have had an attack of insanity, depending rarely upon true cerebral disease, but often arising where the brain has suffered in consequence of some bodily disease. The general health of these patients is restored, but still the functions of the brain are not performed as healthily as they were before the attack. Such cases are constantly met with in puerperal insanity and in insanity associated with or following febrile attacks. It seems as if the bodily restoration was not sufficient of itself to start the full intellectual working of the brain, and in these it is of the utmost importance that some stimulus from without should be applied.

Besides this group, as I have said, there is a very large one containing those cases suffering from hallucinations and delusions. Many of these have been looked upon in no favorable light, and yet from my experience I think I shall be able to show that, if sufficient care be taken to vary the outer stimuli, good may be done even to many apparently hopeless lunatics.

Treatment of the insane at present comprises treatment by drugs, and the treatment by seclusion, *i. e.* by the removal from home and home associations. Before proceeding to my special points I must briefly refer to these. I believe that drugs in a few cases are very useful in breaking down habits of sleeplessness, restlessness, violence, or the like, but that they should be used with a sparing hand, and certainly not continuously. I believe that every patient of unsound mind who is being kept quiet and controlled by

chloral, bromide, opium, or any other sedative or hypnotic is being badly treated. I would rather tie a patient down constantly than keep him always under the influence of a powerful drug. The term "medical restraint" has been coined, and though I believe in some cases the term has been abused, yet I believe that on the whole the very opprobrium which is connected with the term "restraint" will be of use and make a man think twice before he continuously treats patients suffering from insanity or any of its more marked symptoms with these "restraint" drugs, potent in some cases for good, but in more for evil. Drugs, of course, must be used in cases where the insanity depends upon some condition of the body which may be relieved by medicine. If gout be suspected, colchicum or Turkish baths may relieve the gout and the insanity associated with it. If irregularity of heart's action with dyspnœa are associated with a morbid dread of impending ill, iron or digitalis or a purge of jalap may be not only justifiable but necessary. Cod-liver oil, steel wine, Griffith's mixture, mineral acids and tonics of one kind and another, form the staple drugs used in Bethlem Hospital. Drugs are of immense service if justly used, and seclusion or restraint may be also equally useful, and here I would say that although I follow as much as possible the principle of "non-restraint," yet I should consider myself altogether unfit to take charge of a large asylum if I tied my hands by following an absolute system of non-restraint regardless of every condition which may arise among the insane. I would say definitely that restraint itself may in a few cases be of immense importance from the reasonable or rational point of view, and for that matter powerful drugs such as hyoscyamin may have a similarly useful effect. I have known a patient violent, destructive, and maniacal, who, having assaulted his fellow-patients and destroyed property and threatened suicide, when he found himself absolutely controlled in a prolonged warm bath for three hours become convinced of the inutility of his violence and from that time become more amenable to more congenial treatment, and I have known a chronic case of insanity benefited materially by a few hours in the padded room or even an hour's restraint, so that habits of destructiveness, such as tearing

paper from the walls, or jumping on chairs, have been checked, and the patient has been thereby less likely to injure himself and is rendered altogether a more hopeful case than before the restraint. It must be remembered that with the insane, as with so many surgical cases, more depends upon placing the patient in conditions most suitable for recovery than upon giving any amount of internal treatment. The man with a badly broken leg requires rest (restraint if you like), removal of injurious influences, simple nutritious food, and little more. Many acute cases of insanity should be treated in precisely the same way. They are practically put into splints when they are sent to an asylum, and if in this splint it should be necessary from time to time to tighten the bandage, I see no harm likely to follow.

First then, in the treatment of the majority of acute cases of insanity, whether they be suffering from melancholia or from mania, or from suspicion, it is well that they should be removed from their old surroundings. The first part of my treatment is the removal of old faces, old associations, and the like. If the patient cannot be moved, the friends must be, and it is well to face the difficulty at once, for to treat an insane patient surrounded by nervous friends is very unsatisfactory. The removal itself may suffice to give rest, the isolation frequently removes the sources of painful ideas; the mother removed from home does not dwell so continuously on the misery which she believes she is going to bring upon her husband or her children. The jealous wife when insane is roused to anger by the presence of her husband, and the person who believes that she is maligned and spoken scornfully of and jested at, is much less likely to feel this if placed away from irritation, away from her old friends and acquaintances. The very transplanting of a patient from home to an asylum, or from home to some suitable place frequently is all that is required, but by this it must not be understood that I believe the best treatment for acute insanity to be constant change. I have already in other places raised my voice against the promiscuous trotting about of lunatics directly they become troublesome. I believe that whether the patient be suffering from organic cerebral disease, like general paralysis of the insane, or whether

he be suffering from insanity due to bodily disease, or from insanity due to functional disorder, there is a period when rest and quiet are essential; and though in some cases patients recover pretty fairly when they have been taken in the early stages of insanity and moved from town to town, or from country to country, yet I believe it will be found that rest rather than change is the best treatment for the first month or two; and hence if it be necessary to try a change, I should in cases where there is no special danger of suicide, recommend a sea voyage where the monotony of ship's life is good rather than harmful, in preference to the railway journeying in continental lands. So far, then, I believe that insanity is best treated at first by rest; remembering rest differs with each individual case; what is one man's rest would be another man's work, and it is therefore necessary not to lay down any hard and fast lines, but, as occasion arises, to study the temperament and habits of your patient and to fit the rest to the man and not the man to the rest.

Next, and to my mind the most important thing to be done, is to be perfectly straightforward in all your relationships with your patients, and by this I mean not the mere conventional speaking as much truth as is necessary, but speaking as nearly as possible the whole truth to each individual case. Much has been said of the improvement recently affected in asylums by what has been called the open-door system. We began in the last century to throw away restraint, we have developed into a period of non-restraint, and now a time of trust and confidence in the patient has begun. If the open-door system of treatment as pursued in Scotland is beneficial, I believe that the open-mouth system will be found equally efficacious in another direction. It is undoubtedly to the benefit of nearly all cases that they should hear directly what the doctor thinks about them and their symptoms. I rarely make the slightest hesitation in mentioning the delusions of the patient before his face. There is scarcely a single form of delusion which I do not at once refer to. It may appear to some that in cases where a woman has ideas of seduction, persecution, and the rest, that it would be dangerous and disgusting to refer to these before her; but I am sure that the very fact of

speaking of symptoms of insanity as if they were but symptoms of an ordinary disease, has a most useful influence on patients themselves, and instead of their feeling aggrieved I find the opposite is the result. Frequently during the summer session, when I am taking students through the wards, patients with delusions of a marked kind, such as those of persecution, will say to me, when they get the opportunity of speaking with me alone, that they wonder I have neglected them. They have evidently felt that in speaking openly about the symptoms of other patients before my class, I have treated those patients as being sufferers from illness, and my not having referred to them leaves them rather aggrieved.

I have frequently discussed the question of suicide with suicidal patients, and whenever a man is violent or threatening towards me I take an opportunity of having it out with him in words, and if it is possible to comply with any request of his, in the way of clearing up his doubts and fears, I certainly seek that opportunity and do everything in my power to show that I am not afraid to trust him, and I expect him to trust me. In some cases an apology from me for some not intended slight has made such a patient my friend.

One of the most important matters is to beget and encourage trust. Even though a patient deceives you over and over again it does not follow that you are to distrust him always. You must first act on your judgment, and if you find that he is improving ever so little upon the point where he deceived you last, try once more the effect of giving him liberty. Take this example : A man desired to be allowed to go out ; he had improved considerably, and gave me his word not to do anything to which I objected. Unfortunately I was not sufficiently trustful, and wrote down a list of things which he was not to do when out on leave for the day. He saw the list and signed it, but, to my disgust, he broke every one of his promises, and when spoken to by me about it said, " Quite so, I, as a lunatic, can give my word, but, as a lunatic, I cannot enter into a contract." Some time after, when he had improved still further, he asked with a good deal of hesitation whether I should ever trust him again ; " Yes," I said, " you can go to-day if you like to give me

your promise." He gave me his promise and kept his word, and shortly afterwards was discharged recovered. This feeling of trust must be encouraged by listening to what the patients have to say, whether in complaint or in argument ; and this leads to another, and perhaps to the most important point of rational treatment, and that is, the use of reason or argument or evidence as means of cure. Many will at once say, give reason to the unreasonable is certainly casting pearls before swine, they, being unreasonable, are not supposed to be able to understand and appreciate the force of reason. This may seem to be plausible, but it is altogether false, the majority of persons of insane mind are reasonable up to a certain point, or are perfectly reasonable in certain relationships. Two and two make four to them as much as to you ; that a queen governs us and has certain functions they appreciate as well as you do. That society requires that you should pay for what you order is understood by them as by us, and though they may have delusions depending upon some false sensory impression, in many cases it is perfectly possible to get rid of these false sensory impressions, either by appealing to other senses, or else by using reason and bringing evidence. Doubtless there are certain cases in which the sensory impressions are so predominant that no reason affects them at all ; thus at present there is a patient in Bethlem who is suspicious, and who believes that he has been kidnapped into Bethlem Hospital for some improper purpose. He hears voices at night telling him what is going to be done to him, and by day every movement of his neighbouring patients indicates to him some plot or conspiracy which is to do him harm. The doctors are to him not medical men at all, but jailors and torturers, who have control over the engines which are to work his destruction. By day and by night his senses are misleading him, and these sensory impressions are so vivid and so constant that other less impressive evidence given by outsiders is not accepted ; but still, even in a case like this, I seek every opportunity of upsetting his evidence. If, for instance, he says " there is a battery under my bedroom," I say " come and see for yourself the room under yours ;" or, if he says " on the roof there is an apparatus," one brings evidence to show that no such apparatus

exists. I enter into a discussion with him upon the power of the telephone and the microphone, and the necessity for the presence of tangible wires, get him into conversation with other patients who have had similar ideas, and in many cases I try to get a definite statement of the delusions from which he is suffering, so that we may have before us the delusions which we wish to shatter. Reason when applied in this way acts in two quite distinct ways. In a certain number of cases where one has been able to shatter the delusions one by one, each shattered delusion has conduced to the rest and comfort of the patient, so that a patient who believed that he was being hunted and worried by enemies when brought face to face with the individuals whom he suspected, was more peaceful and altogether in a better condition to assimilate his food and to sleep than he was before. The individual who gives vent to outbreaks of passion, expecting to be punished, is very often rendered quite docile and tractable when no notice is taken of his outbursts. It was recorded in former years that an Englishman who was taken to Ghent—the city of the simple in Belgium—began by breaking several hundred panes of glass. As no one took any notice of the damage he had done, he contented himself by breaking twenty or thirty on the next day, and on the next he thought it was such poor sport that he gave up breaking altogether. I have frequently acted upon the same principle, and have said to a patient who asked me to send him downstairs to a refractory ward, because he felt that he must break something, “Well it does not matter, I shall not send you downstairs, and your breaking these ornaments is unkind;” the effect, in many cases, would have been that if I had sent him to a refractory ward he would have become refractory, and have acted in harmony with his surroundings. It is well recognised that the greatest stimulus to most men is, “Thou shalt not.” In this relationship I would refer to the case of a young medical man who, suffering from overwork, became sleepless, depressed, and melancholic. He attempted suicide and was thoroughly untrustworthy. He was sent to a private asylum where for twelve months he was watched day and night, during which time he endeavoured on several occasions, in the most

ingenious way, to kill himself. The cost was too much for his friends, and he was sent to Bethlem. On his arrival I told him that we had no such provision to prevent him from injuring himself as he had been used to, but that I trusted that he would not injure himself, as it would cause great worry and annoyance to us who wished to do a kindly act to him. He at once said that if trusted he felt sure that he would not injure himself, but, as he pointedly put it, for a whole twelvemonth he had three men about him practically saying, "You cannot kill yourself," and he said, "Naturally I felt my skill pitted against theirs." It was unreasonable, but nevertheless it was natural.

One of the simplest forms of rational treatment is to comply with a patient's request. It is quite a common thing to meet with patients who, having suffered from an acute attack of insanity, recover to a certain point, but then seem to hang fire. In some of these cases there is a want of energy, a want of will which nothing about their surroundings seems to stimulate. In such cases I try to find out what is their favourite amusement or occupation. Thus, of the theatre-goer I would ask to which theatre he would prefer to go; to the woman devoted to good works I would give the opportunity of going to hear her favourite religious instructor; to the mother of a family I would ask whether she would like to see her children or her husband, and in puerperal cases the sight of children, especially of the baby, at such a stage of recovery is eminently beneficial. In many cases in Bethlem I have the baby brought to the hospital to stop some hours, so that the mother may as it were feel once more her maternal instincts roused. Some cases of the same kind, instead of being apathetic, are desperately anxious to go home; and I have known this anxiety and desire for home become so great that patients have attempted suicide because they were hindered. In such cases, after having first allowed the patient to see her children or relations, I would allow her to spend a Sunday at home, and, if necessary, encourage her to hope that in the following week she would be sent out for a short leave, which could be prolonged till she was sufficiently well to be discharged cured. Recently one such case improved in general and mental

health, but still was possessed by the idea that her home had been wrecked, and that nothing existed as it did before her illness. On her return from our convalescent home to Bethlem, as she was still persuaded that her home no longer existed, I sent her with an attendant to see, and she returned convinced that she had suffered from delusions and that she must have been very ill. It seemed as if the delusion merely stuck to her as a habit that had to be broken off, and I sent her on leave of absence in anticipation of discharging her well within a month. In a large number of cases which have become distressing, from the monotony of their request to go home, I have made a kind of bargain with them. The following is a good example of my treatment of such a case :

M. M—, married, æt. 26. Three days after delivery became sleepless, melancholy, and with delusions; she refused to suckle her child, and began to accuse herself of all sorts of crimes. She remained suicidal and wretched for some time, but having improved in general health she was extremely troublesome from her noisy expression of a desire to go home and see her husband and family. She was at times violent and threatening, and gave me grave cause for alarm on account of her suicidal tendencies. Her one cry was "Let me go home," "Let me go home." After warning her husband of the risk, and also pointing out that at present it would only partially succeed, I allowed her to go home after she had kept a promise for a week that she would not ask to go. She kept this promise, and this showed me that she was gaining self-control. She went home, and on her arrival went at once to the baby, her maternal instinct seeming to revive. She washed the baby and put it to bed, as if nothing had happened at all, and as if the time spent in the hospital was a blank, and though the recovery of this patient was not without let and hindrance, although she alarmed her husband and had emotional outbursts, yet now she is perfectly well and fulfilling her duties as a mother and a wife as well as ever she did. In cases like this, but differing in the fact that though anxious to go home they are fearful that either they are not wanted or that their home and children are doing better without them than with them,

I have found it best to send them for a few hours at a time to their homes, and then if this succeed to send them a few days later for a holiday, and if this answer let them spend several days at home and then return to the hospital for a short period (and this as a rule is the better plan), till at last a period of several weeks or a month altogether has been granted; then it will be found well to send the patient away from the hospital, for some other change, such as on a visit to her mother and near relations, and this being satisfactory, to discharge her completely and fully. In this method one is acting in a double way, one is giving evidence that the home is still in a satisfactory state, that the friends and relations are ready to receive her, and at the same time one is gradually stimulating her to act for herself. In some of these cases the knowledge that if they break down they can come back to Bethlem is to be used as a crutch, but it is very important that patients should not get too used to the crutch, and therefore sometimes I find it necessary to discharge patients who are still on leave against their will.

Probably there is no class of patients in whom reason appears to have less effect than the hypochondriacal and melancholic. Yet I have had several cases in which the improvement has followed directly upon the production of evidence that the ideas which were controlling the patient's actions were false. Of course in many cases we have failures, but that there should be many failures and only some successes is to be expected in our present knowledge of disease. I have referred already to sending patients home to see the condition of their relations, and to convince them that nothing really has happened; and in the same way I have from time to time encouraged the friends of melancholic patients to write to them daily, giving information with details as to the health and condition of those dearest to the patient. Sometimes a telegram will for a time cheer, and induce the taking a meal, and this may lead to refreshing sleep and marked physical gain, just enough gain in fact to enable one to use other influences which would induce the patient to work, and thereby break the monotony of the melancholy idleness. Anything that will stimulate

patients to work and to think is good, and in some cases even mechanical work, such as the dragging of a garden roller or the sweeping up of dead leaves, may be just sufficient to induce them to look about them for the first time.

Changes of occupation, changes of surroundings are eminently important in the treatment of insanity; Most patients who have suffered from acute attacks of insanity pass into a plastic mental state, and from this it is of the utmost importance to shift them. I frequently try the effect of moving a patient from one ward to another, and sometimes it is even beneficial to move an apathetic patient from a quiet ward to a more noisy one, the change of environment acting as a stimulus, and in the same way, the very moving of a patient into an asylum may have a most beneficial effect. Yearly we discharge patients at the end of twelve months uncured, and in former years I looked upon them as hopeless and incurable, but now I find that a very fair proportion, I should say at least 5 or 6 per cent. of these uncured cases, recover when removed to the less comfortable, and certainly less refined, surroundings of a county asylum.

The mere transference from one district to another, if judiciously thought out, will be found useful; and here I would say that it is important to my mind that a patient, if making no progress in an asylum, should be restored as nearly as possible to some earlier surroundings.

In some cases a return, instead of to the husband and children, to the home of childhood and youth will do good; and in cases of foreigners, I am convinced that much harm is necessarily done by, for instance, keeping a Frenchman in an English asylum, and from personal experience I can say that in some continental asylums Englishmen are equally out of place. It is exceptional in Bethlem to get good recoveries among our foreign patients, and as each year we receive a fair number of foreigners I am able to speak from a rather large experience. Recently one patient, who seemed to be hopelessly insane, who was haunted by hallucinations of hearing, recovered rapidly after return to her native land. Pursuing the same line of treatment, I would refer to the importance in asylums of restoring

or returning patients to their old surroundings, or, at all events, allowing them to see a good deal of the outer world. Visitors are encouraged to an almost unlimited extent in Bethlem, and a large number of patients are also allowed, attended or alone, to visit shops and places of amusement; and many of the less trustworthy are sent out weekly in carriages for drives. Everything should be done in the earlier part of an attack of insanity to give rest; and later, everything should be done to stimulate gently the nervous functions. A good example of the effect of change is seen in a patient who, some fourteen or fifteen years ago, was in Bethlem suffering from melancholy with stupor. For over twelve months he was statue-like and impassive; no change in his asylum surroundings affected him, and at the end of the year he was discharged uncured and, as we fancied, unchanged. He had hardly been taken beyond the gates of the hospital in a cab on the road to the infirmary of the workhouse, when he asked where he was going; before this he had not spoken for months. When told, he said "I think it is unnecessary, just drive me home." He was driven home, resumed his functions as head of the house and family, and for twelve years remained in perfect health, at the end of which time he again passed into a condition of stupor and was brought back to Bethlem. He was placed in the same ward, and there he occupied the same dark corner, in the same wretched attitude. After a few weeks' rest (which I believe so strongly in) I requested his friends to take him out in a cab, and this treatment, though not successful at first, was in the end potent to restore him to his home and friends. After six or eight drives he began to take more and more interest in his surroundings; he would get himself dressed and ready, when he knew they were coming, and in the end was discharged again recovered. In another case to which I have referred in my manual, similar treatment was so eminently satisfactory that I feel I may be allowed to repeat the history, with perhaps some enlargement. A coachman to a nobleman, having led a rather fast life, the life of a gentleman's gentleman about town, having contracted gonorrhœa frequently, and having had a suspicion of syphilis, became engaged to

be married, and distressed himself because his feelings towards his *fiancée* were not those of strong eroticism to which he was fully used, but rather sentimental and æsthetic. He began to wonder whether he really was in love or whether he was not becoming impotent, and these fears and suspicions developed to such an extent that he became profoundly melancholic and suicidal. The whole day and each night was spent in restless tossing, in wringing of hands or silent misery. He was sent to a large asylum where he was carefully and kindly treated; but though his health improved considerably, no mental change was visible. He was transferred to Bethlem, as the physician to the other asylum thought with me that change in such a case was desirable. On admission he exhibited every sign of melancholy with restless excitement. He would pick his fingers and incessantly move about the wards, taking no notice of any of his companions. He was sleepless; he only took food when forced. If spoken to by the doctors he gave monosyllabic answers. If pressed he said that he was impotent, and it was no good. Month after month passed and his case seemed to be hopeless. I frequently tried to get him into conversation about horses, and wished him to go out, but he seemed to be able to take no interest at all in his old calling. A job-master, formerly employed by his master, called one day to see him, and in conversation I suggested that I should like to see the effect upon the patient of drives with horses that might be in training, or that were being broken in. He consented and soon came with a pair of horses and a break to take the patient for a drive. The patient took no notice at all of the horses or exercise, but the treatment was repeated for some time, and after about the second or third drive it was observed that he looked at the horses, and soon he took a critical interest in them and the driving, and slowly from that time began to improve. His melancholy passed away, his appetite improved, and after he had been on leave for some time he was discharged completely recovered, and has for years now been fulfilling his functions in his station in life perfectly satisfactorily. I think enough has been said about the cases in which reasonable means to stimulate and

to occupy the mind have been used whether the patients were suffering from positive weakmindedness, melancholia, or from stupor, primary or secondary.

The most interesting cases and the most difficult to deal with, inasmuch they are much more difficult to persuade, are those in which delusions arise and in which hallucinations govern the conduct. In some cases of hypochondriasis with delusions as to obstruction of the bowels, I have tried means of the kind already referred to. In some of these cases I have begun by requesting them to give me every detail as to the development of the symptoms, and also as to their present and recent experiences. Having thus got as complete an account from the patient himself of the supposed origin of his disease and also of the symptoms he complains of, I then set to work to combat these. Thus, in some cases, if the man be educated, by lending him or reading to him some medical book describing hypochondriasis of the kind he is suffering from, or introducing him to other patients who have had precisely similar ideas. In some instances I have listened to one patient arguing with another upon the very symptoms and delusions which he himself has, and in a few cases these arguments have stimulated thought and action to such an extent that the patients have in the end lost these ideas. In some cases they lose them, in this way, by feeling that they appear ridiculous to others, and they endeavour to suppress the expression of their feelings till in the end they lose the feelings themselves. I have repeatedly pointed out the double fact that the actor if thoroughly in earnest assumes a feeling when he assumes an attitude, and the converse is also true that if you persistently can get a patient to suppress the expression of an emotion he may lose the emotion itself. Having then done one's best to make the nature of the patient's symptoms clear to him, I set to work to disprove his statements, and I may take as an example the following case which, although at present not a completely satisfactory one, I believe may recover. A man of 60 was admitted, suffering from melancholia with hypochondriacal interpretations; he believed that he was undone and utterly ruined in body and soul; he refused his food, was sleepless, wretched, and suicidal. He

soon told me that nothing passed through his bowels at all, and that there was the collection of weeks within his belly. The first thing I did was to order the attendant to weigh him every morning, and when I went round the wards to tell me in the presence of the patient how much he had eaten and how much he weighed. For a few days he gained pretty steadily in weight, in fact, he was almost satisfied that I should be convinced that nothing did pass, because he was increasing in weight, but then came a period when instead of gaining weight he steadily and slowly lost it; still he maintained that the bowels were not acting; when he found that no increase of weight occurred, and that some loss was present, he tried to interpret it by saying that he passed no solid matter, but only a little water, and that kept his weight down. Failing to satisfy him in this way, I then said, let him be placed in his bedroom and kept there, and let everything that he passes be retained for him to see; and here I am not quite sure whether I did not make a mistake, for voluntarily or involuntarily he did manage to pass two or three days without a stool. This experiment failing, it was suggested that he should be treated with confection of senna. This was given daily, and the bowels were relieved with some amount of griping, but evidently much to the satisfaction of the patient, who for the first week came up quite beaming daily to tell me that his bowels were now acting a little. I am still continuing a moderate amount of purgation at the same time that I am giving him plenty of food, and this man's general and mental health are distinctly improving. At present I am quite at a loss to know what are the conditions giving rise to this feeling of obstruction. Such cases are very common, especially among elderly men, and I have repeatedly tried various general means of treatment. Thus I have given tonics alone or with aloes, I have given belladonna, I have used suppositories, I have used changes in diet and the like, and in some of these cases the general treatment, whether by medicine or by water compresses, or by blisters at the epigastrium, have been useful. It is quite exceptional, I own, for any good to follow in such cases simply by the use of reason and argument. In other cases of hypochondriasis, such as where men

or women believe their brains to be withered or that their reproductive organs are malformed or imperfect, argument may be used, and should indeed, but I fear that as a rule it will be waste of time. In some young cases of sexual vice and hypochondriasis I have used reason, as in the following case. A young theological student, who had led a studious life, believing himself to be rather talented, became convinced that a certain gentleman wished him to marry his daughter, but the patient was convinced that he never could marry this daughter, and that there was a kind of physical antipathy, the young lady to his thinking being scrofulous. He had some hallucinations of smell and also of common sensibility, and this he attributed to some kind of inoculation which the father of the girl had caused to be made on him. The effect of the inoculation to his thinking was to make him also scrofulous, and then there would be a sympathy between them. After stating his case, and allowing him to write me all the details as to his symptoms, after he had told me that he was sure that he was saturated with scrofulous matter and that it would be easy to detect it, I began by telling him that I would shave his head and blister the whole scalp, so that if he had any scrofulous matter of the kind he supposed in him I should be able to get rid of it. I fear this was not a perfectly honest explanation to give a patient, and the result was not satisfactory; for although I got a very large amount of suppuration over the scalp, instead of being better, as I hoped he would have been by the sight of the matter and also by the counter-irritation, he at once demanded that I should support his action against the gentleman who had thus infused such a large amount of scrofulous matter into his system. This experiment failing, I asked if he would be satisfied if I wrote to this gentleman and in the most definite and pointed way demanded a statement that he had not in any way whatever had anything to do with our patient. He said that he would be satisfied, because he was quite sure that the gentleman would not dare to deny it. I wrote, and I received (what I do not always get in such cases) a courteous reply with a definite and dogmatic denial such as I required. For a time I thought the effect was going to be highly bene-

ficial, the patient seemed staggered, asked to look at the letter again and again to satisfy himself that the handwriting was that of his acquaintance ; but I regret to say that the good effect passed off, and at present I am seeking for other means of cure. Dr. Yellowlees, of Glasgow, makes a point of attracting the feelings and the sentiments in cases of masturbation, for he transfixes the prepuce in a slow, almost solemn way, at the same time that he preaches a very stirring sermon on the weakness of the vice and the probable results of the habit if continued. He does not believe in the faith without the works or the works alone either. Letters from friends are constantly used by me as means to encourage or stimulate patients, or are used as levers to remove delusions. I may refer to a case which has been described by me in my presidential address to the Medico-Psychological Association in 1886.

In one case a young man, who, having against his father's wish gone in for electrical engineering, instead of following arms, as his friends wished, gradually got more and more estranged from all near to him, and in the end took a foreign appointment where much of his time was spent alone, and in an unhealthy, subjective state. This led in one way or another to the development of hallucinations of nearly all his senses, so that he was sure that his father had detectives following and watching him, and ready to report anything to his disadvantage. This state of uneasy suspicion gradually became to him intolerable, and, like so many similarly placed, he took to the sea, hoping thus, at least, to escape ; but even then he found he was tormented, and as soon as he got to England he placed his affairs in the hands of two advertising attorneys, who professed to believe his tale. Anyway, his father found him, and had him sent with certificates to Bethlem, where for some weeks he was a very brilliant but very troublesome patient, so that he caused constant annoyance to patients and attendants by his domineering ways. He caused the servants about the place all the trouble he could ; would throw his bed clothes into disorder on purpose to give work ; would make as much mess in washing as he could, and call the attendants "menials," and the like. At the same time, he would amuse

himself by playing several games at chess at the same time without seeing the boards. He was, in fact, a very expert player.

Nothing appealed to him for a time, and he was as rude to me as an "official" as he could be. I tried to get some clue to his past, and after some time found that he had the idea that his father had bought over his former schoolmaster to go to South America to watch and spy on him. No amount of reasoning could convince him that it was absurd to suppose that his father had means enough, even were it possible to buy up such a man. He said one day, "Well, let him deny it himself." On this hint I wrote to the headmaster, and got a letter which I gave to the patient. In this letter the clergyman gave a short account of the things that had happened to him during the previous years. This seemed to stagger the patient at first, but he said, "Oh, yes; but this may be all made up. I cannot accept his statement alone. I must see him." I again appealed to the master, asking him, if in town to come and see his old pupil. In course of time he did this, and a long afternoon was spent by them together.

On the next morning the formerly troublesome patient made his own bed, and asked if he could do anything for others. His whole nature seemed changed. On my visiting the wards he apologised for his conduct, asked pardon, and by his words and his conduct showed that a mental change had taken place, so that in the course of a few weeks he was discharged, and though once since a relapse threatened he has never, as far as I have been able to learn, had one.

In another case a young man, also the son of an officer, was haunted by hallucinations. He was said to have lost a valuable appointment in India in consequence of homicidal violence resulting from these sensory perversions. He was sent to England, and, happening to suffer from varicocoele, he was sent to St. Thomas's Hospital, where he was operated on. Unfortunately his case took a bad turn; he had blood-poisoning, some joint troubles, and the result was a stiff knee and a stiff ankle. He was sent from the hospital to us, on account of his dangerous and threatening behaviour to some of the junior staff, and there is little doubt but that, if he had had the chance, he would have killed one or other of them.

He fancied they called him obnoxious names, and that they also maligned his parents.

While in Bethlem he was for weeks the most dangerous man I had. A word and a blow were the general sequence, and at times the blow came first. I tried all I could by granting him special favours if he controlled himself, but with little good effect. But one day, when he said he had heard my voice on the roof, I was able to give him conclusive proof that I was spending the night at Oxford. This seemed to stagger him, and he said, "Well, if you send me to the convalescent, and I still hear voices in the cricket field, I will believe I have been deluded." I sent him down to Witley, but the experiment was not a success at first, for he disagreed with the others and had to be brought back. Still, though he had several outbreaks, I was able to do more with him, and I got the several men he accused to come and interview him, and he gave way on point after point till but one man seemed to be his enemy, and to him I sent the patient in a cab. The result was only partly satisfactory, but some way was gained.

I must own that though he was more reasonable he was as violent at times as ever, and I began to give up hope of doing him good. He seemed to be morally perverse; but, remembering the other case, I still said we may be misjudging him. He was sent to the county asylum, but never after leaving Bethlem did he show any signs of insanity, and was shortly sent at his own request abroad.

Since writing the above, this last case has again returned to England, and I was never more surprised in my life than to see the alteration in this young man. Formerly, as I said, he appeared to be as unreasonable, violent, and cantankerous as he could be, a word and a blow, his language foul, filthy, and unrestrained, whereas now no one would wish to meet with a more considerate, gentle, and agreeable companion, full of life, full of kindly thought for others, and the whole of this change seemed to depend upon a steady and persistent exercise of reason upon his delusions, and then as a final effort the change of surroundings. Another case deserving record is that of a barrister who for some years was in a private asylum and was only received into Bethlem because

his friends were unable any longer to pay for him at the private house. The whole surroundings seemed to point to incurable obstinacy with weakmindedness. He was restless, always ready to abuse his wife and friends, full of complaint of every description. When admitted, I decided that he would fall into the class that I have called asylum reformers, men who are about as troublesome to manage in a large asylum as even the most maniacal, for everything that is done for them is misinterpreted, and everything that is done for others is supposed to be done from some evil motive. They are always writing letters to the Committee, to the Commissioners, to their friends; they complain of attendants, they complain of patients, they complain of doctors, they seem to be in active opposition to everyone. Such an one was our friend. He fell foul of me and accused me of atheism because I was not so strict in the observance of the Sabbath as he, a Scotchman, thought was necessary. He wrote many and violent letters to those in authority, because I encouraged the playing of games on Sundays among the more violent and acute cases, who otherwise would have spent miserable unoccupied days. After some weeks of threatening and complaining violence I had a long talk with him and heard his many troubles. Troubles of home,—his wife he believed was unfaithful; troubles of the family,—he believed his son was not being educated properly; troubles of money because he believed his manager of affairs had mismanaged everything and that things were muddled; wrongs from asylum superintendents because he believed that no proper certificates had been sent, and that the certificates we held were invalid. I began with the last, and did what I know many superintendents never do, showed him the order and statement and certificates on which he was detained. He saw that his statements about the medical certificates were mistaken and became in that respect more easy to manage. Next, I requested his banker to let him see the state of his accounts, and I also obtained permission for him to see the business books and other matters in which he was interested. He was not satisfied, but yet he was easier in mind and more manageable. Then came the most difficult thing of all, to try to persuade his

wife to come and see him. He had so vilified and abused her in his many letters that she was completely estranged from him ; nevertheless, I was able to get her to come and have an interview. It was not altogether satisfactory, but after it the patient seemed better. He asked for permission to go on leave ; I let him go out for the day, and he broke his parole because I asked him to sign an agreement as to what he was not to do. After this partial failure of trust I waited a little, but again granted him permission to go out, and again got his wife to see him, and also to bring his child as well. He was pleased to find that his child had been thoroughly well educated, and not neglected in any way whatever. He was pleased to find that the accusations he had made against his wife and her loss of affection were phantasies. The interview ended, and he spent the evening and night in settling matters with himself, and in the morning asked whether he might have an interview. He came into my office and at once said "I have suffered from delusions, and there is no doubt about it that my suspicions were perfectly groundless, but," he said, "you know when a person is becoming morbidly sensitive trifles light as air are weighty as Gospel truths." "You know," he said, "when my brother used to come to see us, I being nervous and suspicious suspected him, but now I can see that he came just as often, and no more frequently than he did in years before, but being suspicious I put all the affirmative evidence together, and hence the accumulation of what appeared to me evidence. I was mistaken ; she is perfectly innocent, and now I feel well enough to go back to work." I let him go on leave, and within three weeks discharged him, and in recent years I have frequently met him, in perfect health, fulfilling his functions perfectly satisfactorily. Some may say doubtless that he was beginning to mend or the evidence would have had no weight with him. That remains to be proved, and I shall continue to treat similar cases reasonably, and in a similar way.

The way self-restraint can be encouraged and developed is very well shown in another case to which I have had elsewhere occasion to refer but which will here form a very good example of what I mean by reasonable treatment. A highly

educated but nervous young man lost his property and had to earn a living by teaching. He taught abroad, spending much of his time in self-culture and in a solitary life. He became more and more sensitive, mentally hyperæsthetic, till at last he noticed people watching him, remarking about him, but still he controlled himself and became more solitary and more distant. Months went on during which this torture of self-consciousness was becoming unbearable. He returned to England, having given up his occupation, and after vainly trying to escape from his tormentors, having on one occasion threatened those whom he supposed to be affecting him injuriously, he attempted suicide. He was sent to Bethlem, and for some months he was the case which caused me the greatest amount of anxiety. Scarcely a week passed but he assaulted someone ; nothing appeared to influence him for good ; though cultured and refined he would strike or threaten weak patients or attendants. Patients whom he recognised to be weakminded he would threaten or treat roughly because he believed they jeered or made remarks, that even when one tried to get him out of himself by playing racquets or lawn tennis he would sometimes believe that we made use of insulting terms during the game. After frequently talking to him about his want of self-control I lent him several books on hallucinations, and encouraged him in every way to study cases similar to his own. I got him to take notes of several hundred cases, and in one case-book he came across a patient's history almost exactly like to his own. This seemed to stagger him for the time, but the ever-present hallucinations, the words of abuse, the suggestive tapplings of coffins, unpleasant smells, unpleasant gestures, all kept him in an excited and irritable state. After consideration I asked what he wanted to give him some ease and leisure for employment. He asked for a room for himself. I gave him a sitting-room and promised to increase his comforts directly in relationship with his good behaviour. From that time to this, although he has at times had hallucinations of hearing and has been distressed, yet I have never had a single outbreak of violence. I have added to his comforts, so that he had a room, then a room with a light, then a room with a latch-key of his own, and more recently

I have given him perfect freedom to go in and out of the hospital itself and have also supplied him with a key for the whole of the male side. Slowly one has converted this man, who was homicidal and suicidal to a most unusual degree, into a pleasant and fairly happy patient, almost free from hallucinations, hard at work on a book which I hope will fulfil its functions, first, of curing him, second, of providing him with some means. As soon as his book is ready for the press I purpose granting him leave of absence. It is only right to say that besides the moral treatment I have tried other means. Thus, he has had a blister over the scalp and setons through the neck; and it is also noteworthy that whenever he has been quite free from hallucinations of hearing or the like he has suffered more or less severely from headache. This headache again I treated with gelsemium, so that this patient has been treated, on the one hand, by reason and at the same time has not been neglected from a medical point of view. I am constantly in the habit of reasoning out what I suppose to be a development of the patient's symptoms in his presence. Thus, a patient at present in Bethlem was a professional singer, one who made his living by singing at the comic operas and he gradually developed ideas that he was a substituted child and that love philters of some sort or another had been frequently administered to him. On talking over his case with him one was convinced that the whole of his delusions were derived from his profession. He was a young, energetic, but emotional man, leading a rather unhealthily exciting life and yet living continently, and the support of his mother. These conditions, associated with the frequent idea of substitution of children which is met with in these comic operas, also with the ideas of princes and princesses in disguise, also the effects of follies and the like, all dwelt upon by this man till they became, as it were, incorporated into his mental life, the result being that the man who had acted and sung in the "Sorcerer" believed that his parents were not his parents but that they had drugged, hocussed, and influenced him. Though I fear in his case little good will result yet I shall continue the reasonable treatment, and have mentioned his case more as an example of the way I talk to my patients and therefore

treat them than as an example of any good that has resulted. Another very different class of cases I must hastily refer to. In the 'Journal for Mental Science,' April, 1886, I have reported the cure of a case of melancholia with suicidal tendencies in a woman by the removal of hairs on the chin. I would here only say that this woman developed a beard of nearly a thousand hairs on her chin and slowly developed the idea that she was unnatural, that her husband must dislike her, that her children could never grow up to look upon her as a mother, and with these ideas she became intensely suicidal. All forms of treatment seemed of no avail; one tried change, one tried encouragement, one tried to point out the smallness of the matter; she still was wretched. On several occasions she tried to mislead us by pretending to have lost all her delusions so that she might get a chance of escaping and injuring herself. She so far succeeded that I sent her down to our convalescent home at Witley. Once she escaped, leaving a letter behind her to the effect that she was too wicked to live, that it was too kind of us to treat her well, while she did all kinds of evil, putting wicked thoughts into the heads of other people knowingly. She lamented that she had been christened, confirmed, married, and churched in the Church of England, as there was no hope for her in another world, and therefore she must not be buried according to the funeral rites. She begged her husband to forget her, and to bring up her children in ignorance of her fate, and ended with this expression, "It is all on account of these vile hairs." She escaped and we were naturally very anxious, feeling sure that she had committed suicide. She was recaptured making her way to her father's home, where she intended just to see the old home and then destroy herself. On her recapture I determined to lose no time in the destruction of the hairs. Dr. Radcliffe Crocker, of University College, with great care and painstaking removed over nine hundred hairs, destroying the bulb with a needle cautery. As the hairs disappeared, the woman's hopes improved, and by the time they were all cleared off all mental depression was also removed and at the present time the patient is perfectly well in mind and the chin is also in a healthy state. Other surgical operations

have been performed with the idea of removing the cause of irritation ; thus, ovarian tumours have been removed ; in one case reported by Dr. Percy Smith in April, 1886, ' Journal of Mental Science,' there was no real cure of the mental symptoms beyond the removal of the hallucinations of smell which depended upon the ovarian disease. Cases of malformation, especially in women, and cases in which hairs grow about the face in disfiguring places should, I think, never be allowed to remain untreated if signs of melancholia begin to develop. So far then I have considered the methods of treatment for dealing with persons of unsound mind with the idea of benefiting them by reason and argument, and thus leave the subject with the barest outlines to indicate the principles on which I act. Each case of functional disorder must have its proper functional treatment, and many cases of functional arrest need only proper stimulation.

